DOCUMENT RESUME

ED 326 344 RC 017 625

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TITLE Pass the Word. A Resource Booklet for the Native American Community Concerning New Concepts about Alcoholism.
INSTITUTION Native American Development Corp., Washington, DC.
SPONS AGENCY Office of Elementary and Secondary Education, Washington, DC. School Improvement Programs.
PUB DATE 90
NOTE 22p.
AVAILABLE FROM Native American Development Corporation, 1000 Connecticut Ave., N.W., Suite 1206, Washington, DC 20036.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Alcohol Abuse; *Alcohol Education; *Alcoholism; American Indian Education; *American Indians; Community Action; *Community Attitudes; Drug Abuse; Prevention

ABSTRACT

Attitudes toward alcohol abuse are changing in Indian country. A number of separate but complementary attitudes are creating a circle of support in the fight against alcohol abuse. These new attitudes hold that: (1) Native Americans are not condemned by their race to a destiny of alcohol-related problems, but, rather, have a choice; (2) abstinence is an acceptable option; (3) the non-drinker need not be isolated and lonely; (4) the community is responsible for addressing alcoholism and drug abuse and must act to offer alternative activities; and (5) success is possible. Among the new concepts about alcoholism that have emerged in the past decade are the ideas that alcoholism: (1) is a family and community disease; (2) affects multiple generations; (3) is the tip of an iceberg, riding atop a mass of other problems; and (4) often coexists with other specific problems such as depression and cultural shame. In the fight against alcohol abuse, American Indians have some special cultural attributes that can help them, including extended family networks, close-knit communities with strong identities, and holistic world views. Native Americans are headed in the right direction and must use their resources to maintain the movement against alcohol and drug abuse. (SV)

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PASS THE WORD

We can beat the enemy.

We know now that alcoholism has many hurtful companions. It is a family and community disease.

But, it can be beaten, and Indian people have special resources for the fight.

RC017825

U.S. DEPARTMENT OF EDUCATION

A Resource Booklet
Published by the
Native American
Development
Corporation

PASS THE WORD

A Resource Booklet for the Native American Community Concerning New Concepts About Alcoholism

This booklet looks at how attitudes towards alcohol abuse are changing in Indian country. It also looks at new ideas in the field of preventing and treating alcoholism: ideas that alcoholism is a family and community disease; that it is multi-generational; that it is like the tip of an iceberg; and that it co-exists with other problems. The booklet looks at the resources within Indian communities and evaluates what needs to be done to win the war against alcohol and drugs.

Success Happens

For the last several years, approximately 70 percent of the adult population in Akhiok on Alaska's Kodiak Island has maintained sobriety. Just before that only 10 percent of the Aleut village's adults were chronically sober. What's happened? "The change has come from within," says a village council spokesperson.

In Eagle Butte, SD, a bar has been closed down and replaced by a community-supported youth center. The Main, located at the end of Main Street in the town of 5,000, provides supervised, drug-free recreational activities—including video machines—for local youngsters who participate in raising funds to operate the center. The center is one result of a grassroots effort to support a tribal council resolution that "by the year 2,000 the Cheyenne River Sioux Reservation will be 100 percent drug and alcohol free."

Indian youth from around the country last summer participated in a warriors' staking ceremony and vowed never to retreat in the spiritual war against alcohol, drugs and other hurts. Their vows came in response to a challenge issued at a gathering of 400 young people who had come together for a conference sponsored by the United National Indian Tribal Youth (UNITY).

There are 35 teenage youngsters in the Blackfeet Youth Alliance. Members of the Alliance range in age from 14 to 22. Together the Alliance travels throughout the northwestern US and into Canada. They share gospel and country music, talented dance routines and testimonies of their experiences with alcohol and drugs. They dedicate their spare time to helping each other and any other youth who wants to be independent of alcohol and drug abuse. The Blackfeet Youth Alliance is warmly received by its Indian hosts. Its messages are judged "honest" and "touching."

Redefining the battle—
Attitudes Are Changing

Throughout Indian country, attitudes toward drinking are changing.

A number of separate, yet interrelated, attitudes are taking hold—and growing. These attitudes complement, strengthen and maintain one another. They are creating a circle of support in the fight against alcohol abuse.

WHAT ARE THESE ATTITUDES?

Tribal people have a choice. For a while, in some communities, it has been accepted that being Indian went hand-in-hand with alcohol abuse. Many people, including Native Americans, endorsed a stereotype that condemned all Indians to a destiny of alcohol-related problems.

Research has showed us that, yes, alcohol abuse among Native Americans is high, but the majority of Indians are NOT alcoholics. The majority, in fact, choose not to abuse alcohol. Research is showing that nothing about the American Indian sentences him irrevokably to alcoholism.

Abstinence is an acceptable option. Drinking, the stereotype erroneously told us, was a part of "being

Indian . Drinking, some of us came to believe, was an Indian way of socializing and sharing. To refuse an offered drink seemed, in many cases, to cut an Indian away from other Indians . . . make him/her less Indian. This notion is being soundly challenged now.

The Swinomish Tribal Mental Health Program, for instance, states that "drinking alcoholic beverages is strongly disapproved in traditional Indian society and is contrary to traditional Indian values." The use of alcohol is, the Swinomish Program reminds us, strictly prohibited during participation in traditional spiritual activities.

The non-drinker need not be isolated and lonely. Indian non-drinkers are coming out of the closet. Social support is building for abstinence, recovery and non-drinking lifestyles. In addition, more and more drinking Indians are embracing sobriety. The isolation and loneliness which accompanied abstinence in some communities are lessening.

The community is responsible for addressing alcoholism and drug abuse. Indian communities, in increasing numbers, are concluding that only the community itself can eliminate alcohol abuse. Tribal communities and groups are publicly accepting this responsibility.

For example, the Cheyenne River Sioux Tribe has, by council resolution, "declared war on all that is associated with alcohol and drug abuse and strives for the goal that by the year 2,000 the Cheyenne River Reservation will be 100 percent drug and alcohol free."

The community must act to provide activities and programs which offer alternatives to alcohol abuse. These alternatives must be designed for Indian people by Indian people and must be appropriate to the community's particular situation and culture.

For example, over 1,000 people of the Gila River Indian Community last June celebrated the graduation of 300+ eighth graders and high school seniors in several all-night chemical-free celebrations organized by the reservation's youth council. For the graduates, the parties were free. For everyone, they were fun!

Success is possible. Optimism is growing. The acceptance of alcoholism as an inevitable part of modern Indian life is being replaced.

Progress, though it may be slow, is being noted. IHS states that, although the alcoholism mortality rate for American Indians is still about four times greater than for the general US population, this rate has been reduced 52 percent. Between 1978 and 1985, the Native American mortality rate from alcoholism has decreased from 54.5 to 26.1 per 100,000 population.

In addition, specific examples and patterns of success are beginning to emerge. "Clinical experience suggests," says the Swinomish Tribal Mental Health Program, "that there may be a larger proportion of Indian alcoholics who are able to permanently stop drinking than is the case among non-Indian alcoholics." The Swinomish Program suggests that the reasons for this may be related to a strengthening of Indian cultural identity which appears to help individuals overcome problems with drinking.

Understanding the Enemy— ***There Are New Ideas***

In the past ten or so years, there has been a substantial change in the concepts used to understand alcoholism. There are new ideas concerning the effects of abuse and addiction, about who is impacted, and how. Some of these new concepts apply to the population as a whole; some are Indian-specific. All are worthy of consideration by any community mounting an attack on alcohol abuse.

WHAT ARE THESE NEW IDEAS?

- Alcoholism is a family and community disease. It hurts us all. In addition to hurting the alcoholic, alcoholism hurts the physical, mental, emotional and spiritual health of the alcoholic's family members and community members.
- Alcoholism is multi-generational. Presently, it is affecting 3-4 generations and will affect generations to come.
- Alcoholism is like the tip of an iceberg. It rides atop a submerged mass of other problems.
- In Indian communities, alcoholism often co-exists with certain specific other problems like depression, self-

hate, cultural shame and stress-related acting out.

ALCOHOLISM IS A FAMILY AND COMMUNITY DISEASE.

"I'm not hurting anyone but myself." In the past, this response was common when an alcoholic was confronted with his/her drinking.

It was also afforded considerable credibility, because most prevention and treatment efforts were aimed at individuals.

In Indian communities, in fact, alcoholism was often considered a problem of adult males, mostly in their late 30s to early 50s. These were the people who were most often *visibly* affected by alcohol and the ones usually targeted by services.

In the last ten or so years, however, there has been a growing recognition that alcoholism is not confined by sex or age. In addition, it is being realized that the families, friends and communities of alcoholics also suffer from the effects of the illness.

School personnel and mental health professionals are reporting that 60 to 80 percent of the students identified as high-risk for all variety of serious problems are from homes in which one or more family members is chemically dependent.

Likewise, reports are showing that the majority of young people who are in sobriety support groups and the majority of those in other mental health groups and intervention programs are children of alcoholics.

It is now believed that that the alcoholic's family, friends and community get so entangled in the consequences of alcoholism that they themselves become ill.

Ill? What kind of illness? People who live in alcoholic homes often suffer from headaches, upset stomachs, insomnia and learning disabilities.

They live in atmospheres of anxiety, confusion and tension and often develop psychological coping methods to survive their environment. These coping mechanisms may be helpful, even necessary, to get them by each immediate crisis. The coping techniques might include: denial, lying, and/or suppression of feeling.

But these mechanisms are unhealthy when

transferred to other situations and often produce mental and emotional problems.

People who live in chemically dependent families often experience an unhealthy amount of anger, fear, guilt, and loneliness. They often feel shamed, inadequate, resentful and/or helpless.

To deal with these psychological pressures, members of a chemically dependent family frequently develop certain characteristics or roles.

WHAT ARE THESE ROLES?

To provide the family with self-worth, one family member might consistently act a *hero*. He or she seeks approval, leadership and control and focuses on clearly defined tasks where achievement is noticeable.

Another family member may act as a *scapegoat*. This provides the family with a recognizable target upon which to focus blame. This person is rebellious, defiant and confrontational. He or she often gets involved with chemical use at a young age.

To provide the family with emotional relief, another member acts as a *mascot*. He or she clowns a lot and works hard to diffuse or divert conflict.

Chemically dependent families also often have a *lost child*. This is the child who "blends into the woodwork," who is able to watch TV in the midst of a raging family fight. This person acts as an emotional sponge for the family, soaking up its feelings.

There is also someone who plays the important role of the *enabler*. This person, who comes to see him/herself as a martyr, supports the alcoholic or drug abuser by assuming responsibility, covering up and making excuses.

People who grow up in alcoholic families tend to share certain specific personality characteristics, according to the mental health professionals who work with them. These characteristics are listed below.

Many children of alcoholic families:

- have to guess at what is normal behavior.
- have difficulty completing projects.

- are often untruthful—sometimes through lying, sometimes through denying reality;
- judge themselves harshly;
- have trouble having fun;
- take themselves very seriously;
- have difficulty maintaining close relationships;
- overreact to change;
- constantly seek approval from others;
- fear criticism, rejection and abandonment;
- feel different from other people;
- are super-responsible or super-irresponsible;
- are extremely loyal even when that loyalty is undeserved;
- look for immediate, as opposed to deferred, gratification;
- lock themselves into courses of action without seriously considering alternatives or consequences;
- seek tension and crisis, then complain;
- deal poorly with conflict;
- fear failure, but sabotage success.

Some alcohol/drug abuse prevention and treatment specialists who work especially with Native Americans suggest that, due to their history and the close-knit nature of their culture, Indian communities—like alcoholic families—may tend to develop certain characteristic illnesses when their environment includes alcoholism.

JoAnn Kaufman, past Executive Director of the Seattle Indian Health Board and founding President of the National Association for Native American Children of Alcoholics, believes that alcoholism and its accompanying denial have contributed to the development of what she calls *looped communication* in Indian communities.

Instead of dealing straight out with each other, Kaufman says, "Indians often go round about. People

frequently do not deal directly with each other. They do not say what they are really feeling. We, therefore, come to feel that we are not getting straight answers from one another.

Kaufman says she also believes that the tribal leader, who needs to control to the point of requiring a stranglehold on decisions, is a community characteristic resulting from an alcoholic environment. Such leaders, she says, don't want anything to happen outside their control because of fears that—if they let their vigilance down—chaos will result. This fear often develops from living in environments where adults are periodically out of control due to chemical dependency.

Kaufman also sees what she says is an Indian community's tendency to avoid confrontation, a syndome resulting from alcoholic environments. True, she admits, there is some traditional basis for avoiding direct conflict but this tendency has been magnified and distorted, she feels, by alcoholism. "Indian communities," Kaufman says, "often play a placator role with state and federal governments. We want to please. We do not want to make people in authority angry. This is consistent with attitudes developed by many who grown up in chemically dependent homes."

The idea of alcoholism as a family and community illness, Kaufman says, is very important. "It moves the concept of the recovery process from an individual to a community-wide scope. It provides us the opportunity to deal with denial and isolation, which are two of the greatest obstacles in the recovery from alcoholism."

At the same time, it gives all of us an individual responsibility for addressing alcoholism. If everyone in the family and community is affected by the disease, then everyone needs to address his/her own recovery. Everyone needs to face the pain that has occurred and the pain that has been denied. We need to look at family and community dynamics and we need to provide treatment for everyone, not just the alcoholic.

ALCOHOLISM IS MULTI-GENERATIONAL.

The effects of alcohol abuse carry over from one generation to another. This is not surprising.

In a family in which alcoholism is a problem, there are a lot of things missing. Family members have to concentrate a lot of energy on dealing with alcohol. This often leaves them with not enough time or resources to meet other needs.

For example, a parent who is drinking heavily —or who is managing a household around another's drinking—is frequently unavailable for all of the demands of basic parenting. The child may thus be deprived of important spiritual, emotional, social and psychological requirements.

In addition, parents and family are a child's most significant role models. A child learns much of his/her own behavior and skills from watching and imitating. Children raised without positive parenting and positive family role models are likely to find themselves unprepared and ill-equipped for handling life's problems and later for parenting their own children.

Individuals tend to parent their own children using the patterns and techniques by which they themselves were parented. We can only do what we know.

ALCOHOLISM IS LIKE AN ICEBERG.

Alcoholism is like the tip of an iceberg. It is not the whole thing.

JoAnn Kaufman says alcoholism is like the outside layer of an onion. It often encircles many other layers of problems, each of which must be stripped away in the recovery process.

Alcoholism, like a malignancy, must be dealt with. Often it must be dealt with before other underlying problems can even be detected.

Kaufman sees recovery from alcoholism as a beginning, a base from which a community begins its detection and healing of other problems.

"The door of alcohol abuse confrontation must be passed through," she says, "before Native Americans can successfully enter doors through which we will accomplish sound mental health, AIDS prevention, abuse and neglect prevention, economic development and self-sufficiency."

ALCOHOLISM COEXISTS WITH OTHER PROBLEMS.

A lot of recent research and clinical experience supports Kauffman's concept that alcoholism is just one part of a number of co-existing problems.

For instance, a recent study by James H. Shore, Spero Manson and others at the University of Colorado Health Sciences Center indicates that depression and alcoholism among American Indians are closely associated. The study suggests that in many Native Americans, the symptoms of primary depression may be masked by acute and chronic alcoholism and that secondary depression in Native Americans is often related to a past history of alcoholism.

Some professionals, like those associated with the Swinomish Tribal Mental Health Program, have suggested that alcoholism is part of a "triad of disturbance" in which alcohol abuse, depression and stress-related acting out commonly occur together in a complicated and interlocking manner.

The Swinomish program explains acting out behaviors as unhealthy, destructive ways of releasing tension and responding to stress. Such behaviors may include impulsive suicide attempts, domestic violence, rape, reckless driving, sexual transgressions, truancy, fighting and child abuse. The risk for acting out, the Swinomish Program suggests, may be increased by alcohol abuse. The program also suggests that acting out may be a symptom of hidden depression, an unconscious attempt to avoid feeling emotional pain, or on the other hand, an attempt to keep from becoming immobilized by depression.

In addition, recent research and prevention efforts are concentrating more and more on the idea that alcoholism has been used in Indian communities as a means of dealing with shame and self-hate which have resulted from cultural oppression.

Conquest, religious persecution, forced assimilation, land allotment, broken trust, open ridicule and the boarding school experience—in the eyes of some—have created a legacy: a legacy whose primary contribution to new generations has been personal emotional problems created by the transmission of cultural shame and self-hate.

Much of the transmission of cultural shame, JoAnn Kauffman suggests, has been subtle. How often, she asks, does a child hear? "If you want to be something, you have to move away from the reservation." How often has an Indian child noticed that when elders talk about spirituality, they often speak secretively or in whispers?

Kauffman adds that cultural self-hate is evidenced and transmitted through the infighting and backbiting frequently seen in Indian communities and Indian politics. Children witness these phenomena, she suggests, and receive messages reinforcing cultural self-hate.

Gathering our resources ***—We Can Win!***

Indian culture has some special attributes which can help it in its fight against alcohol abuse.

These attributes include the Indian family and the extended family network, community identity, and a holistic worldview.

In Indian communities, families are important and extended family networks exist.

Indian communities are close-knit. They have continued to maintain their identity through severe social and economic pressure.

Indian culture is holistic in nature. It sees the importance of the balance between the mental, emotional, physical and spiritual. Indians do not draw a distinction between parts. Their worldviews are all encompassing in nature and broad in scope.

- If alcoholism is a family and community disease, then the best resources to call upon in its defeat are families and communities. Indians are fortunate that their family and community systems, unlike many other cultural groups in the US, still exist.

- Alcoholism, research and experience now suggest, co-exists in an interlocking manner with a number of other problems. As we recognize this, it becomes helpful to realize that the effects of alcoholism also reach in an interdependent manner into the mental, emotional, physical and spiritual aspects of an individual.

This suggests that the best approach to prevention and treatment would be a holistic approach. Indians, unlike many in US society, are easily able to orient themselves to wholeness and the concept of the inter-relationship of parts.

Using our resources—
What Needs to Be Done?

Several special challenges now exist in the field of Indian alcohol and substance abuse prevention and treatment.

- First, we need to recognize and utilize the changing attitudes in our communities. We need to continue to spread the belief that tribal people have a choice about alcohol and drugs. We need to promote and demonstrate the idea that abstinence is an acceptable option.
- We need to assure that individuals who choose not to use alcohol and drugs are not left isolated and lonely. This will require a continuation of our grassroots response. We will need to continue offering and promoting dry drum pow-wows, sobriety campouts, and chemical-free celebrations of life.
- We must continue accepting responsibility for our own sobriety. We need to recognize our power and share with one another our successes. What works in Akhiok, Alaska, and Eagle Butte, SD, may work in other Indian communities. Indian people must network their strategies and accomplishments.
- We need to review our cultural strengths. We need to recognize and utilize our family and community

systems. We must review our parenting skills and techniques and develop, where we feel necessary, parent training programs. We need to call upon our holistic orientations.

- We need, too, to look at our cultural heritage and Indian behaviors and identify those aspects which may be helping to perpetuate alcoholism and drug abuse. Does our Indian tendency to be non-confrontational, to always be willing to help a brother or sister in trouble even when that trouble results from the choice to drink, to be non-critical and non-demanding concerning another s behavior; do these tendencies, positive though they may be in some situations, help to perpetuate alcohol and drug abuse in Indian communities?
- And, we need to take advantage of the movement we now have going. We must roll up our sleeves and tackle alcohol and drug abuse with our own resources. We must not get discouraged as we uncover the many serious problems which have till now been hidden beneath alcoholism and drug abuse.
- Finally, we must maintain an optimism. We must have confidence. We must recognize our successes.

We are headed in the right direction.

Acknowledgements

This booklet was published by the Native American Development Corporation, a non-profit tax-exempt organization wholly owned and controlled by Native Americans. Program and financial management was provided by Arrow, Inc., a Native American non-profit tax-exempt organization based in Washington, DC. Robert L. Bennett, NADC Vice President, supervised the project.

Funds for the booklet were provided by the US Department of Education's Drug-Free Schools and Communities Program. However, the contents do not necessarily represent opinions or policy of the Department of Education, and endorsement by the federal government of the ideas presented should not be assumed.

The text was written by Nancy Gale based on a literature review and interviews with: JoAnn Kauffman, a health policy consultant in Washington, DC, past Executive Director of the Seattle Indian Health Board and founding President of the National Association for Native American Children of Alcoholics; Cheryl Watkins, Director of the Chemical Awareness Training Institute in Phoenix, AZ; Anna Latimer, a trainer, consultant and therapist and past Director of Prevention and Community Education at the Seattle Indian Health Board; and Dr. Jennifer Clarke of the Swinomish Tribal Community/Skagit Community Mental Health Center in Mt. Vernon, WA.

Many of the examples offered are based, in part, on articles and information contained in two information exchange bulletins published by TCI, Incorporated, an Indian-owned small business located in Washington, DC. The bulletins are: *Linkages for Indian Child Welfare Programs* and *Indians against Alcohol and Drug Abuse*. Nancy Gale is editor for these bulletins.

The photographs used in this booklet were taken by Danny Gale. They were chosen to represent positive and healthy lives.

Copies of the booklet may be ordered, for printing and mailing costs, from the Native American Development Corporation, 1000 Connecticut Avenue NW, Suite #1206, Washington, DC 20036. Telephone: (202) 296-0685.

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Date Filmed

March 29, 1991